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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ghana

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Ghana for the period 1996 to 2000 in the amount of $15,000,000 from general resources, subject to the availability of funds, and $26,828,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $650,000 to fund the approved country programme for the period 1991 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. After 11 years of military rule, presidential and parliamentary elections were held in 1992. Elections for district assemblies were also held. However, devolution of budgetary authority and other responsibilities is only beginning, and capacity at the district level remains low.

2. Ghana's economy is one of the fastest growing in Africa, with a growth of 5 per cent per annum during the 1990s. Structural adjustment policies of the mid-1980s have reduced inflation and, combined with the easing of controls on the private sector, have revitalized both domestic and foreign investment in the country. However, there have not been significant improvements in the lives of most Ghanaians. Improvement in the per capita gross national product has been slow. Infant mortality, under-five mortality and adult literacy rates have not improved significantly, even though Ghana has pursued social development policies designed to protect vulnerable groups from the adjustment process. Hence the Government and a number of donors are re-examining how social and economic development can be accelerated with limited resources. The Government's accelerated growth strategy recognizes the need for expanded investment in education and health to ensure more rapid and sustainable economic growth.

3. The situation of children in Ghana remains serious despite some improvements in recent years. The infant mortality rate (IMR) is estimated at 103 per 1,000 live births and the under-five mortality rate (U5MR) at 170 per 1,000 live births. Approximately 50 per cent of infant deaths occur in the neonatal period. Mortality among one- to four-year-olds declined between 1988 and 1993 for both males and females. Further reductions in under-five mortality will require attention to child-care practices, food security and disease control. According to government sources, the maternal mortality rate (MMR) has fallen from the 1970 level of 1,000-1,500 per 100,000 live births to 214 per 100,000 live births in 1991-1992.

4. The strengthening of district health systems, supported by the World Health Organization and the Overseas Development Administration (ODA) (United Kingdom), has, for example, increased expanded programme on immunization (EPI) coverage by 5 per cent between 1992 and 1993. The proportion of children under five years of age receiving oral rehydration therapy (ORT) and oral rehydration salts (ORS) has risen to almost 44 per cent. Hence Ghana should be able to achieve and sustain the decade goals as set out in the national programme of action (NPA).

5. The nutritional status of children in Ghana appears to have improved between 1986 and 1991, although chronic malnutrition remains high at 27 per cent. The high prevalence of micronutrient deficiencies (vitamin A and iodine) and protein-energy malnutrition have probably limited progress in reducing under-five mortality. Poor families comprise 36 per cent of the population and spend almost 70 per cent of their incomes on food. Combined with relatively less access to health services, these nutrition factors contribute to higher mortality and morbidity rates in the north.

6. While some morbidity indicators, including those for measles and neonatal tetanus, have improved, the indicators for cholera, acquired immune deficiency syndrome (AIDS), yaws and malaria have worsened. Although people's health awareness has increased, some health practices are slower to change. Although 80 per cent of the population have knowledge of ORT, only 44 per cent use ORT. Approximately 80 per cent of the population have some knowledge of family planning, but only 13-15 per cent practise family planning. Approximately 2 per cent of Ghana's population were infected with the human immunodeficiency virus (HIV) in 1993, with about 12,000 cases of AIDS. AIDS could become the major cause of death for both adults and children, unless most people change their practices.

7. Many people recognize that improving the participation of girls and the poor is essential to reducing gender, education and economic disparities. The gross enrolment rate in primary school is 77 per cent. However, girls are far more likely to be out of school or to drop out, and two thirds of all illiterates are female. This disparity is acute in the northern regions. In the first phase of Ghana's education reform, basic education was restructured and rehabilitated through dramatically higher budgetary allocations. These reforms have not, however, significantly transformed the behaviour of teachers or the learning achievements of students. Some 90 per cent of children finish primary school without being able to read or perform simple arithmetic. Thus, the second phase of the reform involves improvements in curriculum, school management, teacher effectiveness and reaching those out of school.

8. Ninety per cent of Ghana's rural population live in approximately 16,000 communities, each consisting of between 100 and 5,000 people. Water-borne diseases such as typhoid, cholera, schistosomiasis and dracunculiasis (guinea worm disease) are serious problems. Cases of dracunculiasis have declined by 90 per cent between 1990 and 1993 due to an intensive eradication effort which relies on community-based surveillance. National rural water supply coverage is about 46 per cent, using piped water, hand-pumps installed on boreholes and hand-dug wells. Many piped water supplies are intermittent and some 30 per cent of the hand-pumps installed are not operational. Thus, effective coverage is about 20 per cent.

9. The draft National Development Policy Framework, prepared in early 1994, clearly identifies the decade goals of the NPA as national development priorities. The Ministry of Education has developed a national policy paper on basic education reforms for the year 2000 as a follow-up to the NPA. The Ministry of Health prepared a multi-sector strategy for "Health for All Ghanaians". The World Bank, ODA, Save the Children (United Kingdom) and UNICEF are assisting in these efforts. The World Bank is exploring with the Government ways to integrate the NPA with longer-term social sector development priorities. The Government, through the National Development Planning Commission, the Ministry of Local Government and Rural Development and the Ministry of Food and Agriculture, is preparing more comprehensive and integrated activities in nutrition and household food security.

10. The situation of children in urban areas is also of concern. A disease mapping exercise in Accra revealed significant disparities in terms of morbidity and mortality. High population density, poor sanitation and low incomes are important factors in these disparities. Increasing stress on families, the growth of urban gangs or "bases" and persistent poverty are contributing to the deterioration of the situation of many urban children and women.

11. The eruption of ethnic tensions in 13 districts in the north-east in early 1994 resulted in about 15,000 deaths, the destruction of 450 villages and 150,000 homeless persons. The army's rapid response quelled the fighting. Donors and non-governmental organizations (NGOs) provided seeds, tools and other support in time to avert serious food shortages. However, many people continue to feel the desire for revenge. Ghana also continues to host about 20,000 refugees from Liberia and Togo.

PROGRAMME COOPERATION, 1991-1995

12. The objectives of the 1991-1995 country programme included: (a) reduction of U5MR by 16 per cent to approximately 134 per 1,000 live births in 1995; (b) reduction of MMR by 25 per cent; (c) improved access to basic education and improved literacy for women; (d) enhanced capacity for planning and social development, particularly at district and community levels; and (e) enhanced health knowledge, especially among mothers, of Facts for Life messages. The NPA

and the joint Government/United Nations Development Programme (UNDP)/UNICEF Human Development Strategy provided a sharp focus for the programme of cooperation. There has been progress towards these objectives. Recent studies show reductions in U5MR and MMR and increases in primary school enrolment. Institutions and systems are stronger; they now provide a basis for accelerated and sustainable improvements.

Health

13. The health programme helped to (a) establish a sustainable EPI and ORS delivery system; (b) support one district in each region to develop primary health care (PHC); and (c) improve safe delivery practices in three regions. More immunizations than ever before were provided for all antigens, and strengthened PHC systems will help to sustain the increase in coverage. ORS and ORT use improved; the prevalence of dracunculiasis decreased; and iodized salt production was begun, as well as a national safe motherhood programme.

14. The Government and other key donors lacked consensus regarding the role of campaigns in building sustainable systems for EPI. UNICEF responded with support for a more integrated approach to health development. The adjustment opened the way for greater UNICEF access to, and involvement in, the health policy process. UNICEF has provided most of the inputs for EPI and ORS production, and also made essential drugs, clinical equipment and transport available. Although these types of support continue, UNICEF efforts also focus much more on training, particularly at the policy and district and subdistrict levels in support of PHC.

15. The shift of UNICEF assistance from a strong focus on service delivery and supply of materials and equipment to one which increasingly also addresses capacity-building and systems development has demonstrated potential. UNICEF, along with others, helped to develop a national health strategy, which effectively serves as the health sector's implementation plan for the NPA and involves the collaboration of donors.

Basic learning

16. UNICEF assistance focused on primary education, non-formal education and early childhood development (ECD). UNICEF supported the incorporation of Facts for Life into the primary school curriculum and readers for literacy programmes; the development of the policy paper which leads to the second phase of education reform; a baseline study on early childhood care; and the revision of ECD guidelines.

17. Lessons learned during programme implementation brought forth more UNICEF support for community-based alternatives to pre-schools; greater attention to the quality of education in order to reduce drop-outs, particularly among girls; and support of literacy and preventive health care for illiterate women.

Water supply and sanitation

18. The programme demonstrated that small-scale facilities can be built and managed by communities themselves with a minimum of external support. UNICEF supported training on the construction of hand-dug wells, village-level operation and maintenance of pumps, hand-drilling techniques and dracunculiasis eradication through the provision of chemicals, filters and funding for social mobilization. UNICEF also assisted with the construction of household ventilated improved pit (VIP) latrines with inexpensive local materials.

19. UNICEF participated in the formulation of both the dracunculiasis eradication programme and the national rural water supply strategy. Many

appropriate technology approaches supported by UNICEF have become the foundation for national strategies to achieve and sustain NPA goals.

Social mobilization and advocacy

20. Social mobilization activities helped to increase EPI coverage in 1990 and 1991, although a subsequent decline in coverage highlighted the need to develop more sustainable approaches. These activities were linked to national, regional, district and local committees. An evaluation concluded that institutional barriers and the fact that these committees ran parallel to other structures were important reasons for shifting activities to the social sector subcommittees of district assemblies.

21. UNICEF advocacy was successful in that Ghana was the first country to ratify the Convention on the Rights of the Child, and was one of the first countries in Africa to develop an NPA in response to the World Summit for Children. UNICEF cooperation with the International Club of Journalists for Child Rights brought continuous press coverage of children's issues. Increased advocacy with NGOs and religious and traditional leaders raised public consciousness of children's issues. The Ghana National Commission was assisted with its capacity-building needs and for special events related to children.

Planning, monitoring and evaluation

22. Activities included a national survey of IMR, U5MR and MMR to provide a baseline for decade goals; preparation of the NPA; preparation with UNDP of a Human Development Strategy for Ghana; and preparation of the 1994 situation analysis with the National Development Planning Commission. Support was also provided to the 1992 EPI/ORT coverage survey and the multi-donor evaluation of the programme to mitigate the social consequences of structural adjustment.

23. The social mobilization evaluation and the mid-term review helped to adjust the country programme. For example, in order to improve management systems and programme performance, a revision of monitoring systems for annual project plans of action and UNICEF financial inputs was undertaken.

Emergencies

24. UNICEF responded to government requests for assistance to 15,000 Liberian and more than 5,000 Togolese refugees through the provision of supplies of Weanimix (high-protein weaning food supplement), water purification systems, water tanks and drug kits. In response to the ethnic conflict in the north in early 1994, UNICEF assisted with needs assessments, medical supplies, seeds and tools. UNICEF also provided support for a consortium to coordinate NGO responses to the crisis.

Lessons learned

25. There is a need to increase emphasis on policy dialogue with the Government and other donors, for example, priorities for capacity-building have not been adequately addressed. These priorities include the strengthening of existing institutions, stronger linkages among programmes and improved monitoring and use of data at all levels. In terms of empowerment strategies, there needs to be more integrated efforts to benefit women and girls and a stronger focus on disadvantaged and marginalized groups, particularly in urban areas. These lessons have greatly influenced the reorientation of the current country programme and the strategy for the new period of cooperation.

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed	
		1995	Total
1991-1995	12 810	650	650

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

26. The Ghana country programme for the period 1991-1995 was approved by the Executive Board with an allocation of $11,625,000 from general resources (E/ICEF/1991/P/L.7). Based on the availability of general resources and the reassessment of data on IMR and U5MR, the annual planning level was increased from $2,325,000 to $2,558,000 for the period 1992-1993, and to $2,600,000 for 1994. To cover revised planning levels and to facilitate accelerated implementation, the Executive Board approved an amount of $1,184,551 in 1994 (E/ICEF/1994/P/L.31). As part of the annual reassessment of indicators in 1994, the annual planning level was revised upwards by $400,000 to $3,000,000 for 1995. In addition, general resources in the amount of $250,000 are needed to assist the Ministry of Health to accelerate activities related to the achievement of the mid-decade goals. Therefore, a total of $650,000 is needed in 1995 to cover the increase in the planning level. The additional resources will be used for the strengthening of PHC systems to improve service delivery for EPI, the initiation of salt iodization activities, the acceleration of the dracunculiasis eradication programme, the promotion of the Baby-Friendly Hospital Initiative, support to social mobilization efforts for increasing the use of ORT and for the national safe motherhood programme.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Recommended programme cooperation a/

(In thousand of United States dollars)

	General resources	Supplementary funds b/	Total
Health	4 075	8 353	12 428
Human resource development	2 280	7 310	9 590
Water supply and sanitation	1 299	3 155	4 454
Food security and nutrition	1 455	2 415	3 870
Community-based policy development	1 675	1 930	3 605
Social mobilization	1 426	1 915	3 341
Social research and NPA monitoring programme	1 540	1 175	2 715
Programme support	1 250	575	1 825
Total	15 000	26 828	41 828

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

27. Planning for the proposed 1996-2000 country programme has fully involved government partners, other United Nations agencies and bilateral donors. This participation was responsible for the strong consensus on the problems to be addressed, the strategies selected and the role of UNICEF support in complementing the efforts of the Government and other donors. The harmonization of the Government, UNDP, the United Nations Population Fund and UNICEF programme cycles in 1996 and the formulation of a country strategy note in 1995 will strengthen collaborative efforts among United Nations agencies.

28. Workshops on trends in the well-being of children and women were held prior to the mid-term review. The mid-term review consisted of a series of two-week evaluations of UNICEF assistance to each of four programmes and a needs analysis related to community and urban activities. Following the mid-term review, a strategy paper was prepared in conjunction with a plan for the pursuit of the mid-decade goals. The strategy was based heavily on the themes presented in the multi-donor evaluation of UNICEF and preliminary findings of the situation analysis. In April 1994, the strategy and programme structure were agreed upon, and a draft master plan of operations was prepared in July 1994.

Objectives and strategy

29. With reference to the Government's overall development strategy, the 1996-2000 country programme aims to improve the coverage and delivery of social services in health, education, water supply and sanitation and household food security in order to reach the most vulnerable families. The Government will use UNICEF cooperation to complement the activities of other donors in selected geographical locations. To complement its assistance for service delivery, UNICEF will also contribute to building of capacity for policy analysis, planning, social research and programme communication for behavioural change. A third element of the strategy is to reinforce community participation as a key foundation for sustained programme delivery and to empower the rural and urban poor, especially women, through the transfer of knowledge and skills, and the promotion of group organization and participation. Programme cooperation will also advocate for human and child rights, especially for women and girls and other disadvantaged populations. The building of partnerships for children and women will be sustained and enriched within the programmes of health, human resources development, water supply and sanitation and food security and nutrition through dialogues on policy, community development, social mobilization, social research and monitoring and evaluation.

30. The country programme strategy is based on a conceptual framework in which the key factors underlying child survival and growth include: (a) access to food; (b) proper care for children and women; and (c) access to quality health services and a healthy environment.

31. The World Summit for Children goals, as set out in the 1992 NPA entitled "The Child Cannot Wait", and the draft National Development Policy Framework of the Government of Ghana are the principal references for the proposed country programme. Through advocacy for the improved use of government, donor, NGO and UNICEF resources, the country programme aims to contribute to: (a) the reduction of IMR and U5MR by 40 per cent, from 103 to 60 per 1,000 live births and from 170 to 100 per 1,000 live births, respectively; (b) the reduction of MMR to approximately 200 per 100,000 live births; (c) the reduction by 50 per cent of severe and moderate malnutrition among children under five years of age; (d) the provision of universal access to basic education and completion of primary education by at least 80 per cent of children aged 6 to 11 years; (e) the reduction of adult female illiteracy by 50 per cent; (f) an increase in safe water supply coverage to 90 per cent of the rural population by 2010; (g) an increase in access to sanitary means of excreta disposal to 90 per cent of the rural population (by 2010); (h) the reduction in the proportion of children in especially difficult circumstances; and (i) widespread acceptance and observance of the Convention on the Rights of the Child.

Health

32. The health programme aims to establish a decentralized district health system in three regions with a cost-effective package of services in every district. UNICEF will also cooperate to strengthen the capacity of the health system, particularly at the subdistrict level. This strategy will help to reduce vaccine-preventable diseases by 70 per cent through 90 per cent immunization coverage for infants. Other objectives include the eradication of poliomyelitis, the reduction of deaths due to acute respiratory infections (ARI) and the prevention of 50 per cent of deaths currently due to diarrhoea. The incidence of diarrhoea should decline by 25 per cent. Ghana should achieve the eradication of dracunculiasis and the elimination of iodine and vitamin A deficiencies, along with the reduction of anaemia among pregnant women by 50 per cent. All pregnant women will have access to prenatal care, referral services and trained attendants during birth delivery. UNICEF will also support the empowerment of all women to exclusively breast-feed for six months and to continue breast-feeding for a second year.

33. UNICEF assistance will help at the national level to improve project coordination and provide service coverage in three regions with 25 to 30 districts. In child health promotion, activities will focus on strengthening service delivery in EPI; training for health workers in the management and treatment of cases of ARI, diarrhoea, malaria and malnutrition; cold chain and logistics infrastructure; and support for health education and promotion. For the implementation of a basic health care package, UNICEF support will cover improved management and coordination at the subdistrict level; strengthening of community participation and co-financing; improved community-based disease surveillance; and reinforcing community capacities for home-based care, particularly for AIDS patients.

34. UNICEF will also support improved antenatal delivery and post-natal care through effective case management at health centres. The programme will improve referral mechanisms, the management of equipment, drugs and supplies, health education and supervision and training, particularly for traditional birth attendants.

Human resources development

35. The programme aims to improve the quality of basic education, to promote learning and to reduce the number of drop-outs as part of a strategy to ensure access to education and literacy for all. UNICEF will assist in providing girls and women with the key resources they require, notably information and access to credit, for becoming more active in their own development. Coverage will focus on selected communities in five districts. Specific targets are to reduce by one third gender disparities in enrolment and to increase literacy among women by one third. A target for both girls and boys is to have at least 60 per cent of those leaving primary school achieve functional literacy. As a result of improved economic and social status, women should be better able to care for and educate their children. Improving the health and well-being of children aged 0-10 years should help them succeed in primary education.

36. The new country programme will encompass a strategy of human resource development. Basic education will serve as a platform for sustainable growth and development. Strengthening basic education policies and strategies is a major priority. Three other initiatives will focus on activities at district and community levels in the selected areas. The child-school-community project will provide an example of improving the quality of basic education through intensive community participation and local intersectoral linkages. The credit with education for rural women project and the child care and ECD project will need supplementary funding for the provision of small-scale credit to enhance women's incomes and to improve child care and ECD. The ECD project will be linked to national activities such as the training of all childhood educators. By documenting programme experiences in selected communities, UNICEF will promote the adoption of similar approaches nationwide.

Water supply and sanitation programme

37. The programme will contribute to building capacity at all levels to formulate and implement policies on providing sustainable water supply and sanitation services to the poorest, most underserved communities. To strengthen sustainability, the programme will promote community ownership, co-financing and management, the active involvement of women, the provision of goods and services by the private sector, and promotion and support from the public sector. The strategy combines the provision of water, sanitary facilities and hygiene education with primary environmental care in four districts in the eastern, northern, upper-east and upper-west regions. Increased community awareness and responsibility will be used to address major public health problems related to poor environmental sanitation and hygiene. Targets include increasing the per capita consumption of clean water from 15 litres to 25 litres daily through the

construction of 600 hand-dug wells fitted with hand-pumps, 1,000 hand-dug wells and 100 boreholes. These facilities should reduce the workload of women and children in carrying water over long distances. In sanitation, targets are to construct 1,200 household VIP latrines and other appropriate facilities and to establish a revolving fund for improvement of sanitation, with women involved in service delivery. The programme will strengthen new institutional structures under the Government's national community water supply and sanitation programme, particularly at the district level. It will also build the capacity of the sector at all levels to plan, manage and monitor services in partnership with the private sector and NGOs.

38. For demonstration purposes, the programme will operate in communities with between 75 and 2,000 inhabitants. Priority will be given to districts where dracunculiasis is endemic, overlapping, wherever possible, with the districts of the community-based development programme.

Food security and nutrition policy

39. The programme will strengthen the institutional capacity of the National Development Planning Commission and the Ministry of Food and Agriculture with respect to analysing the impacts of national policies on household food security and nutrition. UNICEF will support the development of a national food security and nutrition policy based on the UNICEF global nutrition strategy. This strategy should lead to increased public awareness of nutrition and food security as a multisectoral issue. Activities will include: (a) advocacy and social mobilization to raise public awareness of the importance of nutrition in the prevention of diseases and the reduction of under-five and maternal mortality; (b) strengthening national capacity to support districts and communities in achieving sustainable food security; and (c) strengthening linkages between policies at the national level and impacts at the community level.

40. UNICEF will provide technical assistance to the National Development Planning Commission, the Ministry of Food and Agriculture and other national institutions through the International Food Policy Research Institute. A senior researcher from the International Food Policy Research Institute will assist in strengthening capacity for research and policy analysis. The community-based development programme will include complementary village-level pilot activities.

Community-based development

41. The programme will orientate planners and mangers at all levels to the principle that communities are the main implementing partners in development. Therefore, UNICEF will help to increase the capacity of the Ministry of Local Government and Rural Development, particularly district and local administrators, to support community-based initiatives in both rural and urban areas. UNICEF will cooperate to strengthen community capacity to find solutions to development problems. UNICEF will advocate use of the assessment, analysis, action ("triple A") approach using local government, NGOs and extension service staff as facilitators with communities. UNICEF will also support assessments to permit the community-based approach to be adopted as national policy.

42. The programme will cover three rural areas and one poor urban area. The involvement of national institutions, such as the Ministry of Local Government and the National Development Planning Commission, should create strong linkages between this programme and the food security and nutrition policy programme. Activities will focus on child care, especially breast-feeding, income generation, preventive health, household food security and urban street children and working children. Evaluation indicators will include the reduction of the number of severely malnourished children, the incidence of low birth weight, the

increase in the coverage of services and the increase in the involvement of community committees in development activities.

Social mobilization programme

43. The programme will strengthen media reporting on and advocacy for child rights and increase the capacity of NGOs to communicate Facts for Life messages to communities. Equally important will be UNICEF support to strengthen government capacity to communicate effectively with the public and enhance the ability of the Commission on Children to advocate on behalf of children. Advocacy efforts will use data on children from the social research and NPA monitoring programme. A specific challenge will be to change attitudes and practices in order to reduce HIV transmission. The strategy will include improved collection, storage and retrieval of data on children, particularly regarding attitudes and practices. UNICEF will support activities within each programme through technical assistance and training.

Social research and monitoring

44. The priority is to strengthen national capacity in research on socio-economic indicators related to children and women. A related priority is to strengthen the capacity of the National Development Planning Commission, the Commission on Children and selected district assemblies in monitoring progress towards the NPA goals. UNICEF will provide technical support to selected district assemblies and district administrations to strengthen their capacity to collect and use data, so as to better target and improve basic services for children and women. UNICEF will support (a) social policy research on the status of children, e.g. the food security and nutrition policy programme; (b) processing information for advocacy, in conjunction with the social mobilization programme; (c) monitoring the progress of districts using community-based approaches, in conjunction with the community-based development programme; (d) strengthening collaboration between the Government, universities and NGOs; and (e) publication of reports on the status of children.

Programme management

45. An estimated $1,250,000 in general resources and $575,000 in supplementary funds will be used to support UNICEF office operations. Funds for each programme include support for project staff and logistics. UNICEF support for AIDS and food security and nutrition policy activities require two additional posts, which are contingent on securing supplementary funds.

46. The Ministry of Finance will remain the coordinating ministry for UNICEF cooperation and will help to ensure the allocations of government resources to support the programme. Government officials at national and district levels will be integral to project planning, implementation and monitoring.

Monitoring and evaluation

47. A detailed monitoring and evaluation plan has been drawn up to cover all programmes. Indicators that are readily accessible will be used for monitoring. Key indicators that are not readily available will be obtained through studies. These data, together with experiences from community activities, will be used to refine planning and targeting for programmes, as well as for advocacy. Specific programme evaluations will include surveys on EPI and ORT coverage and the elimination of dracunculiasis. Multiple indicator cluster surveys will be conducted during the first quarter of 1996 to evaluate the achievements of the mid-decade goals. A process evaluation of the country programme will be conducted as part of the mid-term review in 1998. Annual project plans of action with budgets will be prepared by UNICEF and Government agencies. The annual plans will be monitored on a monthly basis.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ghana	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	170	(1993)	Very high U5MR
Infant mortality rate	103	(1993)	Very high IMR
GNP per capita	$ 450	(1992)	Low-income GNP
Total population	16.5 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	403	495	649	683
Infant deaths (under 1)	(thousands)	45	47	67	70
Under-five deaths	(thousands)	75	77	110	116
Under-five mortality rate (per 1,000 live births)		187	157	170	170
Infant mortality rate (under 1) (per 1,000 live births)		112	96	103	103

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1988)	Moderate & severe	..	27
	Severe	..	6
Babies with low birth weight (%, 1988)		..	17
Primary school children reaching grade 5 (%, 1980/1991)		83	69

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1988)	..	2
Timely complementary feeding rate (6-9 mos.) (%, 1988)	..	57
Continued breast-feeding rate (20-23 mos.) (%, 1988)	..	52
Prevalence of wasting (0-59 mos.) (%, 1988)	..	7
Prevalence of stunting (0-59 mos.) (%, 1988)	..	31
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	76	93
Total goitre rate (1993)	..	10
Household expenditure (% of total income, 1980-1985) All food/cereals	..	50 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1992)		3	44
Access to health services (% of population, 1985)	Total	..	60
	Urban/rural	.. / ..	92 / 45
Access to safe water (% of population, 1980/1992)	Total	45	57
	Urban/rural	72 / 33	76 / 46
Access to adequate sanitation (% of population, 1980/1992)	Total	27	29
	Urban/rural	47 / 17	61 / 11
Births attended by trained personnel (%, 1993)			59
Maternal mortality rate (per 100,000 live births, 1984)		1000	..

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	67	41	81	70
	DPT	22	23	57	48
	Polio	25	18	56	47
	Measles	23	..	60	50
Pregnant women (%) immunized against:	Tetanus	11	2	33	6

TABLE 1 (continued)

Ghana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	80 / ..	77 / ..
	Male	89 / ..	84 / ..
	Female	71 / ..	69 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	41 / ..	38 / ..
	Male	51 / ..	47 / ..
	Female	31 / ..	29 / ..
Adult literacy rate, 15 years & older (%, 1985/1990)	Total	53	60
	Male/female	64 / 42	70 / 51
Radio/television sets (per 1,000 population, 1980/1991)		158 / 5	268 / 15

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	8612	10736	15020	16446	20172
Population aged 0-15 years	(thousands)	4116	5058	7142	7830	9364
Population aged 0-4 years	(thousands)	1561	1904	2746	2927	3377
Urban population (% of total)		29.0	31.2	34.0	35.5	39.2
Life expectancy at birth (years)	Total	49	52	55	56	59
	Male	47	50	53	54	57
	Female	51	53	57	58	61
Total fertility rate		6.7	6.5	6.2	5.9	5.3
Crude birth rate (per 1,000 population)		46	45	43	41	38
Crude death rate (per 1,000 population)		17	15	12	12	10

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988)		..	13
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.1	3.3
	Urban	3.3	4.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		-0.8	-0.1
Inflation rate (%, 1970-1980/1980-1992)		35	39
Population in absolute poverty (%, 1987)	Urban/rural	.. / ..	59 / 37
Household income share (%, 1989)	Top 20%/bottom 40%	.. / ..	44 / 18
Government expenditure (% of total expenditure, 1988)	Health/education	.. / ..	9 / 26
	Defence	..	3
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / ..
Official development assistance: (1981/1992)	$US millions	145	626
	As % of GNP	1	9
Debt service (% of goods and services exports, 1982/1992)		10	17

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1991-1995 a/

COUNTRY: GHANA
LATEST BOARD APPROVAL: 1991
GENERAL RESOURCES: $12 809 551

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	1 913	2 752	170	231	389	9	867	874	3 339	5 263	3 866	7 333	7 205	12 596
Water supply and sanitation	1 236	186	134	75	37		593	17	2 000	1 479	278	2 032	2 278	3 511
Education	304	81	418	99	252		475	223	1 449	1 925	403	3 463	1 852	5 388
Women-centred programme	2		31				93		126				126	
Social mobilization and advocacy	318	18	119		49		385		871	1 305	18		889	1 305
Planning and social statistics	117		24				672		813	854			813	854
Programme support	320	9	63	12	1 466		782	129	2 631	1 984	150		2 781	1 984
Emergency	73		35				171		279				279	
GRAND TOTAL	4 283	3 046	994	417	2 193	9	4 038	1 243	11 508 b/	12 810 c/	4 715	12 828 d/	16 223	25 638

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.
c/ Including additional general resources of $1 184 551 (E/ICEF/1994/P/L.31).
d/ Of this amount, $5,822,930 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: GHANA **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health	GR	835	834	757	802	847	4 075
	NSF	2 833	2 038	1 756	883	843	8 353
Human resource development	GR	456	456	456	456	456	2 280
	NSF	1 530	1 540	1 540	1 360	1 340	7 310
Water and sanitation	GR	273	273	236	246	271	1 299
	NSF	642	663	670	617	563	3 155
Community-based and development	GR	329	329	339	339	339	1 675
	NSF	450	410	410	350	310	1 930
Food security and nutrition policy	GR	301	276	301	276	301	1 455
	NSF	495	475	475	495	475	2 415
Social mobilization	GR	285	286	285	285	285	1 426
	NSF	395	375	375	395	375	1 915
Social research and NPA goal monitoring	GR	271	296	376	346	251	1 540
	NSF	229	229	239	239	239	1 175
Programme support	GR	250	250	250	250	250	1 250
	NSF	115	115	115	115	115	575
TOTAL	GR	3 000	3 000	3 000	3 000	3 000	15 000
	NSF	6 689	5 845	5 580	4 454	4 260	26 828
GRAND TOTAL		9 689	8 845	8 580	7 454	7 260	41 828

GR – General resources.
NSF – New programmes for supplementary funding.

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UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

China

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of China for the period from 1996 to 2000 in the amount of $100,000,000 from general resources, subject to the availability of funds, and $60,000,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $1,980,000 to fund the approved country programme for the period from 1994 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. THE SITUATION OF WOMEN AND CHILDREN

1. China has gained widespread recognition for its success in implementing a nationwide primary health care system and for operating the largest primary education system in the world, with 124 million pupils and 5.6 million teachers. In the past decade a major emphasis has been placed on modernizing the economy, which led to unprecedented rates of economic growth and social progress. As a result of China's vast land mass and population of 1.2 billion, however, economic and social development have been uneven. For example, national-level data do not reflect regional disparities or the problems of 80 million people living in poverty. In addition, structural adjustments associated with market reforms and the rapid transition to a market economy have weakened the traditional welfare system, increased costs of health and education services, and reduced access to services, especially for the poor.

2. After a steady and impressive decline in the infant mortality rate (IMR) since 1949, progress appears to have levelled off during the 1980s to around 40 to 50 per 1,000 live births. Hence, the number of infant deaths in 1992 was approximately 1,020,000. The under-five child mortality rate (U5MR) ranges between 50 and 65 per 1,000 live births, amounting to 1,254,000 under-five deaths per annum. The major causes for infant deaths are acute respiratory infections, problems of the newborn, neonatal tetanus, diarrhoeal diseases and injuries. The principal causes of child mortality are pneumonia, diarrhoeal diseases and injuries. With the exception of neonatal tetanus, vaccine-preventable deaths have almost been eliminated, an indication of the success of the universal child immunization programme. This is exemplified by the rapid drop in the number of cases of polio from a high of 4,000 to 5,000 per year during an outbreak in 1989-1990 to about 500 to 600 in 1993, the lowest number of cases ever reported in one year. Only 1,435 individuals infected with the human immunodeficiency virus (HIV) have been reported as at July 1994, but the actual figure may be more than 10 times this number. There is the potential for the rapid spread of HIV.

3. Although China has been very successful in reducing the prevalence of severe malnutrition, about 18 per cent of all children under five years old are underweight for their ages, and the percentage of stunted children is about double this number. Both indicators are significantly worse in rural areas. Breast-feeding, one of the key determinants of nutritional status in rural areas, has dropped significantly in terms of the proportion of babies breast-fed for up to four to six months in both urban and rural areas. China has the world's largest population at risk of iodine deficiency disorders, a leading cause of preventable mental retardation. With universal salt iodization, the incidence is expected to decline dramatically, but further action will be needed, especially in remote areas where not everyone may be able to get iodized salt.

4. The decline in China's population growth rate and successful birth spacing efforts have had positive impacts on both infant and maternal mortality rates. China has progressed from having an extremely high maternal mortality rate (MMR) of 1,500 per 100,000 live births in the 1940s to 77 in 1992. However, there is wide variation within the country, from rates equivalent to developed countries

in major cities to rates as high as 400 to 700 per 100,000 live births in provinces such as Guizhou, Tibet and Qinghai. Obstetrical haemorrhage is the leading cause of maternal mortality, contributing to almost 50 per cent of deaths, which occur primarily in rural areas owing to poor access to services.

5. Universalization of primary education and the elimination of illiteracy among youths and adults have been important steps in educational development. Although China's overall achievements in the field of basic and primary education are commendable, there are disparities in primary school enrolment, completion rates, drop-out rates and grade repetition rates between different provinces, between urban and rural areas and between male and female children. For example, two thirds of 7- to 11-year-old children who are not enrolled in schools are girls, mostly from economically underdeveloped and mountainous areas. Girls also constitute about 70 per cent of those who drop out before completing primary school. Another concern is inadequate levels of learning achievement of pupils in poor areas. A major challenge, therefore, is to ensure that the quality of education is equitable throughout the country.

6. Access to safe water is 99 per cent in urban areas, while 61 per cent of the rural population have access to safe water. Water scarcity, as with other problems, varies markedly by region. It is a serious problem in the arid north and north-west. While 59 per cent of the urban population use sanitary latrines, 89 per cent of the rural population use dry latrines. The National Patriotic Health Campaign Committee estimates that only about 10 per cent of those latrines are sanitary.

7. Although only 2.6 per cent of all children under 14 years old have disabilities, with China's large population this means that the number of disabled children is over 8 million. Mental retardation and hearing disabilities are the most common problems. As for other children living in difficult circumstances, there are about 200,000 street children in China, with anecdotal evidence of significant numbers of abandoned children, youngsters who have been abducted and children of migrant workers.

8. The past 45 years have seen a tremendous improvement in the status of Chinese women. Some women have achieved positions of influence in politics, state and local administration, economics, education, management and various social sectors. Concerns about the status of women in China, however, remain numerous and justified. Implementation of laws protecting women is still inadequate in rural and remote areas. With the transition towards a market economy, there is evidence of a resurgence of traditional gender biases.

9. In summary, although China's overall achievements are impressive, performance in child survival, development and protection needs to be accelerated further in key areas. Infant, child and maternal mortality rates need to be reduced from levels where they seem to have stabilized and the problem of malnutrition and micro-nutrient deficiencies must be addressed, focusing on children in rural areas. With high levels of enrolment already achieved, priority needs to be given to educational achievement and gender equality in educational opportunities. The problems and needs of families and children of 80 million Chinese living in poverty also require urgent attention. Finally, steps are needed to enhance further the status of women, to provide

"safety nets" for vulnerable groups during this period of rapid economic transition and to implement innovative programmes to prepare China's children for the twenty-first century.

II. PROGRAMME COOPERATION, 1994-1995

10. Since the World Summit for Children in 1990, there has been an upsurge in nationwide actions to protect and improve the situation of children. In March 1991, Premier Li Peng signed the Declaration and Plan of Action of the World Summit for Children. This led to the development of China's National Programme of Action (NPA) for Children in the 1990s, which was adopted by the State Council in February 1992. This was followed by the adoption of provincial plans of action throughout the country. In December 1991, China ratified the Convention on the Rights of the Child, and then passed a National Law on the Protection of Juveniles, effective January 1992. China is preparing to submit its first report on the implementation of the Convention to the United Nations Committee on Child Rights.

11. As China's capacity for nationwide action for child survival, development and protection services has grown, there has been a marked shift in UNICEF resource allocations from service delivery to advocacy, capacity-building and empowerment activities, with the latter absorbing 50 per cent of UNICEF resources. This shift is aimed at promoting action on a national scale through advocacy and mobilization, while supporting services such as health, education and poverty alleviation. This strategy has been successful. As of mid-1994, China can report that most mid-decade goals have already been achieved or will probably be achieved by 1995.

Health and nutrition

12. Several UNICEF-supported initiatives in health and nutrition have had a nationwide impact: the Expanded Programme on Immunization (EPI) and related polio eradication initiatives; the comprehensive maternal and child health/family planning project which aimed to improve the coverage and quality of services related to pregnancy, common childhood diseases and family planning, as well as to improve the management capacity of the maternal and child health system; the Baby-Friendly Hospital Initiative; and the iodine deficiency disorders elimination programme. UNICEF advocacy in focusing attention on concrete goals has been useful in mobilizing more political commitment and financial support for primary health care during a period of structural change and socio-economic transition.

13. Strengthening maternal and child health/family planning services is a major component of UNICEF assistance. Launched 10 years ago as a pilot project, those services cover 305 high-IMR counties and provide national direction for maternal and child health services. Most provinces use their own funds to replicate key activities in non-project counties. One of the main lessons learned from the project is the importance of the county governor's involvement in bringing public attention to maternal and child health/family planning needs and in coordinating local health services. The project is also a model of inter-agency cooperation between UNICEF and the United Nations Population Fund (UNFPA), the

main funding agencies, and the World Health Organization (WHO), which has provided technical assistance. The World Bank is financing an expansion of maternal and child health services based on this model to an additional 282 counties.

14. Sustaining high levels of EPI coverage has been another key area of UNICEF support. Assistance has been provided for the cold-chain and capacity-building at the sub-national level to ensure that an immunization coverage rate of over 80 per cent is achieved in each province and county. To continue sustaining EPI achievements, it is important for government leaders at all levels to continue to show their strong commitment and support. It is also important that priority be given to the financing of basic preventive health services. As part of the strategy for eradicating poliomyelitis and eliminating neonatal tetanus by 1995, strengthening disease surveillance and organizing special national immunization days for widespread polio vaccination were major adjustments. In December 1993 and again in January 1994, over 80 million children throughout China received polio immunizations. Owing to this expanded effort, polio vaccine was imported to meet shortfalls in local production. The Government, with UNICEF support, also has started a tetanus toxoid campaign programme for all women between the ages of 18 and 35 years, which will be expanded rapidly to 600 high-risk counties in the country by 1995.

15. The Baby-Friendly Hospital Initiative has made rapid progress, with 207 hospitals certified as "baby-friendly" by the end of 1993 and 740 more certified in 1994. The Initiative is being reinforced by national-level actions to promote breast-feeding, including legislation to regulate the marketing of infant formula and regulations in the work place that support breast-feeding.

16. UNICEF support to nutrition has focused on strengthening surveillance, promoting family and community methods for nutritional assessment and creating knowledge and awareness of proper nutritional practices among mothers and families. A major national advocacy meeting in 1993 on the elimination of iodine deficiency disorders led to a national programme of action for the elimination of those disorders. The programme is being supported by UNICEF, the United Nations Development Programme (UNDP), WHO, the United Nations Industrial Development Organization (UNIDO) and the World Bank.

Basic education

17. UNICEF assistance has helped to extend the network of key teacher-training institutions to all parts of the country. Using satellite television and improved teaching methods, the distance education programme has helped to improve the quality and coverage of in-service teacher training. Support to the development and production of teaching materials and teaching aids has contributed significantly to their increased availability in Chinese and minority languages. Promotional activities carried out in over 100 poor counties have helped to mobilize community leaders and parents to promote the increased participation of girls in primary education. In cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO), a new project was launched to improve information systems for monitoring progress towards the goal of Education for All. In 1993, China hosted a National Conference on Education for All, which paved the way for the Summit Meeting on

Education for All of the Nine Most Populous Countries, held at New Delhi in December of the same year.

18. Among the lessons learned are the need to further strengthen institutional capacity at the sub-national level; the importance of focusing specific attention on poor and educationally backward counties, with an emphasis on the education of girls and women; developing and strengthening complementary non-formal education programmes to serve children not reached by regular schools; improving bilingual education in minority areas; developing innovative approaches to multi-grade teaching in disadvantaged and remote areas; and strengthening the systems for assessment and monitoring of learning achievements.

Family, women and child development

19. UNICEF-assisted programmes have supported family and community education; the promotion of knowledge and skills for child-rearing and health care; literacy education for rural women, combined with skills training; the development and dissemination of education materials; and the establishment of mobile libraries in poorer counties. UNICEF cooperation with the All China Women's Federation benefited from that organization's capacity to mobilize the Government at all levels and its outreach into every community. The Federation has been a partner with UNICEF in advocating the ratification of the Convention on the Rights of the Child, in preparing the NPA and in helping to establish a monitoring system for the NPA.

20. The effectiveness of community and family education can be further improved by focusing on selected themes linked to priority programmes leading to the achievement of NPA goals. Furthermore, the methods used in community and family education activities with mothers' groups and parents' schools need to incorporate activities that are more conducive to internalizing knowledge and skills, especially among the semi-literate adult population, through the use of interactive teaching methods.

Childhood disability and children in especially difficult circumstances

21. UNICEF assistance has been redirected increasingly to provide support to community-based rehabilitation initiatives, with a decreasing emphasis on providing assistance to institutions. The community-based approach is proving to be a more practical and cost-effective method for providing rehabilitation services to the vast majority of disabled children as existing institutions cater to urban communities although 82 per cent of severely disabled are rural children. The impact of the modest UNICEF assistance can be maximized by concentrating on the development of appropriate, adaptable approaches for community-based rehabilitation activities and on advocacy for integrating them into service delivery systems for disability prevention and rehabilitation, with equal priority to prevention and rehabilitation. However, the prevention concept needs further broadening to include secondary prevention through early screening, detection and management of disabilities for the 0- to 3-year age-group in addition to traditional primary prevention, such as immunization, maternal and child health services and the provision of iodized salt. Finally, community stigma towards the disabled discourages parents from taking children

with mild disabilities for treatment. Increasing parental knowledge about types of mild disabilities and their detection and availability of simple treatment for mild disabilities should be a major priority.

22. Knowledge of the problems of children in especially difficult circumstances is still limited as to programme experience. UNICEF has worked with the Ministry of Civil Affairs to develop a programme strategy for runaway (street) children, one of the emerging categories of children in difficult circumstances in China.

Water supply and environmental sanitation

23. Based on experience since 1990, attempts have been made to direct UNICEF assistance for water supply to low-cost, sustainable approaches, as well as to introduce complementary sanitation and hygiene education activities. The current bridging programme covering 1994-1995 was designed as a transition from multiple and somewhat diffuse approaches towards a model of integrated water supply and sanitation activities, to utilize low-cost solutions that can be replicated throughout large areas of rural China and to help achieve the NPA goals.

24. Studies on low-cost and affordable sanitary latrines are being carried out. In addition, activities also have expanded to include advocacy for national policies to improve sanitation countrywide and not just in a few pilot areas. In water supply programmes, a shift has been initiated to introduce low-cost, deep-well hand-pumps in areas with limited access to water.

Social development programme for poor areas

25. UNICEF began assistance to a multisectoral effort in 1987 to selected counties designated by the Government to be below the poverty line. UNICEF has assisted mainly basic activities related to health and education programmes, women's income generation, literacy and vocational training for women, and water supply and sanitation. These activities have helped to generate considerable community awareness and an impressive mobilization of local resources to improve basic services for children and women. However, if these achievements are to have a long-term impact, the project concept needs sharpening and a stronger strategy is needed for sustainability. An institutional framework should also be established to coordinate the various sectoral components.

Monitoring the national programme of action and social statistics

26. Considerable progress has been made in improving statistical information on children and women in China during the last decade. And as a result of surveys, there has been a strengthening of monitoring systems, an improvement in analytical capability and a wider dissemination of information. In 1992, UNICEF supported the largest single survey on the situation of children in China, which covered over 500 million children in 580,000 households in 29 provinces. The data collected provided a sounder basis for planning.

27. In addition to the specific lessons learned that have been mentioned under individual programme sections, there are generic lessons that provide important guidelines for future actions.

28. Achievement of the NPA goals requires nationwide efforts that combine a stronger emphasis on geographical areas and groups with the greatest needs, along with the strengthening of capacity for the basic services system for all children and women throughout the country. Specific strategies and the types of support UNICEF can provide will need to vary for these different groups and locations. The results of the national survey have highlighted the need to strengthen management information systems and sectoral databases. Recent surveys and surveillance systems, for instance, have shown higher levels of IMR, U5MR and neonatal tetanus than were projected in earlier years. New information also has been made available on street children.

29. Furthermore, the successful mobilization of government leaders, together with the involvement of all relevant sectors, provide the high-level and broad-based support necessary for national expansion. The strong, enduring participation of national and provincial leaders and multiple sectors in EPI and the programme for the elimination of iodine deficiency disorders, as well as the involvement of prefecture and county political leaders in the maternal and child health/family planning project, are good examples. However, programme reviews also have highlighted the need to address constraints such as groups which resist improvements and outdated practices among some project-level personnel through advocacy, training and reorientation activities.

30. Close partnerships between United Nations organizations provide an important way to support the Government in the development of policies and strategies that have nationwide impact. In the past, collaboration between UNICEF and UNFPA, WHO and UNDP has been closely associated with the maternal and child health/family planning project, EPI and the elimination of iodine deficiency disorders programme. Recently, collaboration with the World Bank has increased in maternal and child health services and iodine deficiency disorders elimination.

31. Through project research and cooperation, especially in poor and remote areas during the past five years, UNICEF has improved its understanding about issues related to education, health and nutrition policies, strategies and financing. An emerging trend is the Government's progressive decentralization of implementation and financing of social services to provincial and local levels. This is in response to the need to strengthen subnational management and capacities and to identify ways to institutionalize programmes within subnational recurrent budgets, especially in poorer counties.

32. Finally, "safety nets" need to be provided for the poor whose capacity to cope with changing economic forces is weak. Past activities have emphasized strongly service delivery and institutional capacity-building. On the demand side, the income-generating component has increased earnings for women, but this may not have increased substantially the demand and utilization of education and health services on the community side.

III. RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1994-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995	Total
1990-1995	62 000	1 980	1 980

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

33. The China country programme for the period 1994-1995 was approved by the Executive Board in 1993 with an allocation of $36 million from general resources (E/ICEF/1993/P/L.11 and Corr.1). Based on the availability of additional general resources and opportunities for acceleration of programme implementation towards achievement of mid-decade goals in China, the annual ceilings of the country programme were increased in 1993 and 1994 by $1,980,000. As a result, there are insufficient approved funds remaining to support activities in 1995 to the full extent of the $20 million ceiling. Consequently, the Executive Board is requested to approve additional general resources in the amount of $1,980,000 for 1995 to fund the programme up to the approved programme period.

Support to the Baby-Friendly Hospital Initiative

34. One of the main challenges for the Baby-Friendly Hospital Initiative in China is the logistics and cost of the assessment process owing to the large number of hospitals involved. In 1993, China devised a two-tiered assessment system in which all hospitals applying for assessment were first assessed by provincial teams, and later a sample of the successfully assessed hospitals were reassessed by national teams. This made the assessment process more manageable while maintaining the quality of the assessment. However, with the increasing number of hospitals to be assessed, even this method requires a substantial amount of time, personnel and financial resources. This is compounded by the requirement to reassess at least a sample of hospitals already certified as "baby-friendly".

35. In 1994, China assessed over 800 hospitals and certified 740. In 1995, it is expected that over 500 hospitals will be certified. The additional funding of $200,000 will help the Ministry of Health to assess as well as develop further a more efficient assessment scheme for large countries such as China.

Support for the elimination of neonatal tetanus

36. The control of neonatal tetanus has long been a priority in China. The sole strategy, however, has been to increase the rate of cases using safe, clean deliveries practices. While this has reduced the incidence of neonatal tetanus, mortality is still high. Some studies show an average mortality rate of 4.2 per 1,000 live births. This translates into approximately 100,000 tetanus deaths annually. It is evident that clean delivery will not be enough to eliminate neonatal tetanus in China in the foreseeable future, and immunization must be used as a complementary strategy.

37. Additional funding of $230,000 will be used to support tetanus toxoid immunization activities for women of child-bearing age in high-risk counties in selected high-risk provinces. The working model thus developed will be expanded rapidly to the rest of the high-risk areas in China during 1995.

Promotion of oral rehydration therapy

38. The current national usage rate of oral rehydration therapy in China is not known. It is widely believed that the traditional practice of giving rice gruel to children with diarrhoea is widespread and highly beneficial. However, there is little information on the extent of this practice. It also is known that although diarrhoea morbidity is high, mortality is relatively low in many areas of China. However, in the poorest and remote areas deaths due to acute watery diarrhoea are still prevalent. Therefore, an additional $150,000 will be used to conduct a national survey on oral rehydration therapy practices and to undertake intensive communication activities in high-risk provinces to promote oral rehydration therapy use.

Support to universal salt iodization

39. Iodine deficiency disorders are a severe problem in China as over 40 per cent of the world's population at risk of moderate or severe iodine deficiency disorders are to be found here. The number of people at risk of milder forms of iodine deficiency disorders, which affect the intellectual development of individuals, cannot be estimated, but it is far larger than the population traditionally considered to be at risk. Hence, China is pursuing the goal of universal salt iodization by 1995. UNICEF will support this effort with an additional $1,400,000 for the procurement of equipment and supplies, technical assistance to the salt industry, monitoring and social mobilization activities.

IV. RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $100,000,000
Supplementary funding: $60,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	31 585	23 500	55 085
Basic education	21 470	10 000	31 470
Family, women and child welfare	7 810	4 000	11 810
Childhood disability/children in especially difficult circumstances	3 230	2 500	5 730
Social development programme in poor areas	8 525	7 500	16 025
Water supply and environmental sanitation	6 365	12 500	18 865
NPA monitoring and social statistics	2 625	-	2 625
Information and communication	1 800	-	1 800
Multisectoral experience exchange	540	-	540
Programme support	11 050	-	11 050
Unallocated reserve	5 000	-	5 000
Total	100 000	60 000	160 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

40. The preparation process was initiated in 1993 with an in-depth updating o the situation analysis, followed by the outlining of a programme strategy for the new country programme based on a joint China/UNICEF review of the 1990-199 country programme. The programme strategy was reviewed, revised and adopted a a strategy meeting organized by the Government and UNICEF. Based on a government/UNICEF agreement, drafts of the master plan of operations and proje outlines were developed through an intense process of consultation with government partners. In preparation for the country programme submission, further revisions and refinements followed a preview meeting with the Governme and other agencies of the United Nations system and donor missions in China. The 1996-2000 programme cycle has been harmonized with that of UNDP and UNFPA, as well as with the Ninth Five-Year Development Plan of China.

Country programme framework

41. The overall aim of the country programme is to support the major NPA goals for the survival, protection and development of children in China in the 1990s. 1/ Those goals are (a) to reduce IMR and U5MR from approximately 50 to 31 per 1,000 live births and 60 to 40 per 1,000 live births, respectively; (b) to reduce MMR from 90 to 45 per 100,000 live births; (c) to reduce the prevalence rate of moderate and severe malnutrition among children under five years of age from approximately 16 and 4 per cent to less than 8 and 2 per cent, respectively; 2/ (d) to provide safe drinking-water to 95 per cent of the rural population who currently do not have an adequate supply of clean water for consumption and expand the coverage of sanitary latrines; (e) to universalize compulsory primary education nationwide and increase the enrolment rate for children aged three to six years in kindergartens (pre-school) to 25 per cent; (f) to eradicate illiteracy among adults and youths and strengthen post-literacy and continuing education programmes; (g) to empower 90 per cent of parents with children below the age of 14 years with knowledge about child care and child-bearing; (h) to provide priority support to child development work in poor, remote areas and among ethnic nationalities; (i) to strengthen the rehabilitation and development of disabled children and ensure that the majority of them will receive education; and (j) to improve legislation to protect children's legal rights.

Country programme objectives and strategies

42. In order to support the achievement of the NPA goals, the overall objectives of the country programme are (a) to support national programmes that will assure achievement of the major goals nationwide; (b) to focus efforts on locations with significant poverty and the greatest needs; and (c) to undertake advocacy and social mobilization to make the NPA operational in all parts of the country. At the heart of programming an appropriate balance between those approaches will be the need to assure both equity and population impact. The needs of the disadvantaged must be addressed, but at the same time there should be a movement towards the decade goals of a large enough population to assure their achievement on a national level.

43. The programme strategy consists of a core service component, that is, health and nutrition, education, children in especially difficult circumstances and water supply and sanitation sectors, and a supportive component, namely, advocacy, family/women/child welfare, social development programme for poor areas and monitoring of NPA implementation. The core service component deals with the specific goals defined by the World Summit for Children and the NPA, while the supportive component serves to mobilize and cement cross-sectoral interventions. Finally, there is a recognition by both the Government and UNICEF that the limited resources provided by UNICEF must be used strategically for maximum impact, including stimulating the mobilization of significant national resources to achieve the NPA goals. To pursue this catalytic role for UNICEF cooperation, the overall framework of the country programme has the following cross-cutting strategies.

Advocacy and social mobilization

44. Past experience has demonstrated that the Government and people of China are willing and able to mobilize large segments of society to achieve national as well as community goals. Significant resources and manpower have been used to meet high priority challenges such as universal child immunization. Advocacy and social mobilization will, therefore, be a strategic and cross-cutting component of the country programme that will attract the support of national and local leaders and mobilize and empower communities and families to work for children and women.

Catalytic effect and policy impact

45. An important aspect in cooperative programmes in China is the effective use of external support to stimulate the interest and commitment of government agencies for programmes related to children and women. UNICEF assistance will be used in ways that will influence in a positive way the development of national-level policies supportive of the well-being of children. An important concept that will continue to be utilized whenever possible is the expansion of effective programmes to a level where their critical mass allows for rapid national coverage, that is, "going to scale".

Demonstration

46. In order for new ideas and approaches to take hold and spread, their effective implementation under varying situations must be demonstrated. The cooperative programme, with its mandate to focus limited resources, will include a significant component of support for the development and demonstration of promised models of service delivery. In all demonstration situations, plans will be included to document feasibility, cost and the steps required for widespread implementation of successful programmes.

Reducing the impact of poverty and structural adjustment

47. Given China's emphasis on development and poverty alleviation, an important role for UNICEF will be to work with government agencies to identify the impact of poverty and economic adjustment policies on the health, nutrition and education of children. Programmes addressing the needs of children in poverty areas will be sustained through social services "safety nets" with built-in mechanisms to mobilize resources.

Capacity-building

48. Particular attention will be directed to capacity-building at provincial, prefectural and country levels where more facility is required to interpret national guidelines and adapt them to local needs. Simultaneously, attempts will be made to strengthen national sectoral agencies in areas that encompass technical and managerial guidance for provincial, prefectural and county levels.

Sustainable development

49. The proposed programme of collaboration will cover the remainder of the 1990s. Thus, it is essential to build momentum for sustaining the high level of achievement and to maintain a balance between economic growth and human development. It is encouraging to note that China has incorporated most of the NPA goals into its Agenda 21 programme plan.

Intersectoral and inter-agency collaboration

50. Collaboration between sectors and among United Nations agencies will be strengthened to optimize financial and human resource inputs, while promoting the mutually reinforcing benefit for various project interventions. The opportunity given by the NPA goals should facilitate strategies to forge effective collaboration.

Health and nutrition

51. The overall goal of the health and nutrition programme is to support the achievement of the national maternal and child health goals. The specific objectives are (a) to reduce under-five mortality from acute respiratory infections to less than 8 per 1,000 live births; (b) to reduce under-five diarrhoea mortality to less than 3 per 1,000 live births; (c) to reach and sustain over 90 per cent coverage of EPI at the township level, including tetanus toxoid for women of child-bearing age; (d) to reduce deaths due to obstetric haemorrhage to less than 22 per 100,000 live births; (e) to achieve a breast-feeding rate of 80 per cent up to at least four months of age and an exclusive breast-feeding rate of at least 40 per cent up to four months of age; (f) to virtually eliminate iodine deficiency disorders; (g) to ensure adequate maternal care coverage of 85 per cent in each province; (h) to develop approaches to community prevention of injuries and raise awareness among community leaders of the importance of injury control; and (i) to develop an integrated approach with other maternal and child health services.

52. The strategy to reduce infant, child and maternal mortality will adopt a two-pronged approach: intensifying mortality reduction efforts in low-income and high-mortality areas through area-based interventions; and supporting health services for nationwide coverage. For low-income, high-mortality areas, the successful methods of service delivery and capacity-building in the 305 maternal and child health/family planning counties will be strengthened further and extended to 200 new counties to reach an additional 100 million people. The new counties will include some with middle to high levels of mortality (50 to 70 per 1,000 live births) and with large populations to ensure a greater impact on national mortality reduction. Nationwide activities will cover support to national acute respiratory infection and control of diarrhoeal disease programmes and involve professional organizations such as the Paediatrics Association in promoting appropriate health care practices at home and in health institutions. National support also will continue for EPI, breast-feeding promotion, promotion of oral rehydration therapy, elimination of iodine deficiency disorders and nutrition surveillance. In selected high-risk areas, special support for tetanus toxoid immunization and focused communication on oral rehydration therapy will be carried out. Through advocacy with government

leaders from national to village level, efforts will be made to lower barriers to service utilization, such as the high cost of services or the lack of community-based emergency transportation. In densely populated and remote rural areas, face-to-face communication by village health workers will be used, while in sparsely populated areas such as parts of Inner Mongolia, Xingiang or Tibet, communication by extension teams will be attempted.

53. The programme will ensure that families have access to basic health services packages in sufficient quantity and quality at village and township levels. These services will include a "sick child" package involving services for children when they are ill, with a special emphasis on reducing mortality due to acute respiratory infections and diarrhoeal diseases. Promotion of this package will include training and supervision of correct case management and appropriate referral. Adequate and appropriate supplies of drugs also will be promoted. A "well child" package, involving services for children that will promote their healthy development, will include breast-feeding promotion; nutrition assessment and interventions; the prevention of micronutrient deficiencies; EPI; health education, including the prevention of sexually transmitted diseases and HIV/acquired immunodeficiency syndrome (AIDS); the promotion of hygienic practices; and the promotion of a health life style. This package will also have links to counselling and services for women such as family planning and tetanus toxoid vaccination. A "safe motherhood and neonatal care" package will involve care for the newborn, as well as pregnancy, delivery and post-partum services for women, including family planning. Helping communities to establish their own emergency transportation will be crucial. A nutrition package will be integrated with the other three packages. Key nutrition components will be built into all service packages and nutrition surveillance will be part of the nutrition activities.

54. Interdepartmental action groups on the well child, sick child, safe motherhood and neonatal care and nutrition packages will be set up to reinforce the work of departments in charge of maternal and child health, EPI and nutrition within the Ministry of Health. These health activities will also be geographically and technically supported by linkages with other initiatives such as education, All China Women's Federation programme activities and the social development programme for poor areas. Communication and social mobilization will play a role in creating awareness and empowerment among parents.

Basic education

55. Within the overall goal of supporting universalization of primary education and the reduction of illiteracy among youths and adults, the programme will specifically contribute to (a) universal enrolment of primary school-age children in schools or in non-formal education programmes of comparable learning standard; (b) reducing the gap between primary school enrolment/retention rates of boys and girls to not more than one percentage point; (c) improving the internal efficiency of primary schools, especially those located in poor areas, by reducing drop-out and repetition rates and ensuring completion of primary education by at least 95 per cent of children; (d) improving the quality and relevance of primary education and the achievement of prescribed levels of learning skills by all children completing primary education; (e) expanding opportunities for early childhood care and education, especially for children in

disadvantaged areas; and (f) increasing acquisition by children and their families, especially girls and women, of essential skills and knowledge required for improving their quality of life.

56. The national component of the programme will strengthen information management systems with respect to programme and project monitoring, and the monitoring of universal primary education targets. UNICEF, in cooperation with UNESCO, will continue to support national activities to upgrade and standardize methods and procedures for assessing the performance of pupils. Assistance will be provided to revise and update curricula and to develop innovative pedagogical approaches that are consistent with the social, economic and technological needs of a rapidly developing society. A primary education programme, comprised initially of 150 poor and educationally backward counties, will be launched to upgrade basic education in poor areas. This programme will adopt a variety of approaches that will include enhancing community involvement in primary education by establishing and strengthening village/township education committees; strengthening bilingual instruction in ethnic minority areas; improving performance of multi-grade classes in remote areas through the development of self-learning materials and appropriate instructional strategies; improving teacher performance and school management; and strengthening non-formal community education programmes for children and youth, especially women. The primary education curriculum and instructional materials will be revised to include messages related to health, nutrition, sanitation, gender equality, rights of the child, population, environment and so on.

57. The basic education programme will aim in particular at enhancing the participation of girls and women in primary education as well as in literacy and post-literacy programmes. Specific strategies will include advocacy and social mobilization for overcoming social barriers to the participation of girls in educational programmes; the introduction of flexible annual calendars and daily schedules in primary schools; the provision of educational facilities within walking distance; increasing the proportion of women teachers; the provision of culturally adequate educational facilities such as single-sex classes as practised in some ethnic minority areas; and developing curricula more relevant to girls' daily lives. In addition, non-formal education and skills training programmes for out-of-school girls will be strengthened.

Family, women and child welfare

58. The main objective of the programme is to facilitate the implementation of the NPA by mobilizing political leadership and empowering women, families and parents to adopt practices that promote child survival and development. As social mobilization cuts across all sectors, the programme will act as a bridge for enhancing intersectoral collaboration. The All China Women's Federation, a mass organization with high-level political recognition and grass-roots influence, will coordinate social mobilization activities. Using its network of over 100,000 women cadres and 230,000 parent schools, the Federation will disseminate knowledge and skills on themes such as oral rehydration therapy, iodine deficiency disorders prevention, neonatal tetanus, injury and accidents among children; the importance of educating girls; personal hygiene; the eradication of polio; and protecting child rights. Women cadres will cooperate with local officials from health, education and other ministries in their

community education and mobilization activities. The Federation also will collaborate with over 800 local radio stations and provincial television stations to reinforce community education activities through talk shows, quizzes, competitions and health education spots. The Child Development Centre of China will produce a variety of information, education and communication materials for women cadres, parent schools, local radio and television stations, and parents. The National Working Committee on Children and Women, established under the State Council for monitoring the NPA, will mobilize leaders at key administrative levels to strengthen programme delivery, allocate adequate resources, support local mobilization action and monitor implementation of the NPA.

59. In poor counties and ethnic minority areas, empowerment activities will be adapted to the local culture, knowledge and needs. Religious leaders, dance and drama groups, cable radio and market day educational activities organized by women cadres will also be used to promote knowledge and skills. The programme will assist women in selected poor counties to improve their income by providing skills training and credit, while strengthening their capacity to participate in local development activities. These activities complement the programme on social development for poor areas (see paras. 67-69 below) and will be coordinated with the latter. Adolescent girl drop-outs will be supported through literacy and skills training and the use of Facts for Life messages. National advocacy to improve the situation of girls and the status of women will be a key component. Other non-governmental organizations such as the Soong Qing Ling Foundation will reinforce mobilization activities in poor counties.

Childhood disability and children in especially difficult circumstances

60. The programme objectives are to develop the capacity of governmental, semi-governmental and community groups to provide preventive and rehabilitation services to disabled children mainly through community-based activities; to assist the Government in monitoring the situation of children in especially difficult circumstances; and to develop strategies for the prevention as well as for the welfare, rehabilitation and development of these children.

61. Community-based rehabilitation will be the main approach, with an emphasis on outreach facilities. Disability prevention will be promoted through community education on immunization, better antenatal and post-natal care, the consumption of iodized salt, the prevention of accidents and injuries, the appropriate use of antibiotics and, through surveillance, detection and early treatment of mild disability in children aged 0 to 3 years at community-based rehabilitation sites. Support will be provided to strengthen the capacity of the Ministry of Civil Affairs and the China Disabled Persons' Federation to develop replicable community-based preventive and rehabilitation approaches; to provide early screening and disability management services in project sites; and to promote the education of families of disabled children on basic knowledge of home-based rehabilitation as well as to create public awareness about disability prevention.

62. Another aspect of the programme is to address the emerging situation relating to children in difficult circumstances, such as abandoned children and street children. Public awareness will be raised to mobilize more government

and community support in assisting these children, including advocacy for facilities, the development of alternative and more flexible approaches, and vocational skills training. Government and other agencies will be assisted to monitor the situation of children in especially difficult circumstances through surveys on the scale, nature, causes and impact of the problems.

Water supply and environmental sanitation

63. Specific objectives include (a) increasing the coverage of low-cost, sustainable water supply systems and utilizing deep-well hand-pumps; (b) increasing national and subnational awareness of the importance of and commitment to improved environmental sanitation and personal hygiene; (c) integrating water supply with complementary hygiene education and an environmental sanitation programme; and (d) increasing the coverage of sanitation and hygiene education in areas with high rates of diarrhoeal diseases among children where access to adequate water supply has been assured, but where sanitation and hygiene education are still inadequate.

64. A two-pronged approach is proposed for programme implementation. At national and provincial levels, water supply and environmental sanitation policies will be addressed through advocacy and social mobilization, while at the county level, programmes will be implemented to increase access to adequate quantities of water, improved latrine construction and hygiene education. The latter will serve as a demonstration both for national advocacy and for extension of the approach to areas with major water and sanitation needs.

65. Deep-well hand-pump technology is the most effective way for the Government to reach most of the estimated 88 million people in water-scarce areas. Assistance, therefore, will focus on the widespread application of deep-well hand-pumps in water-scarce areas where groundwater conditions are favourable. Essential strategies to achieve widespread use and long-term sustainable maintenance of this approach include installations in selected areas for advocacy purposes, hand-pump standardization and the reduction of drilling costs.

66. Latrine coverage across the country will be accelerated with the promotion of sanitary latrines and hygiene practices, with active support from the Government and non-governmental organizations at all levels. The programme will be directed towards activities that influence national and subnational policies. Hygiene and sanitation activities will be supported by advocacy in other sectors through health education, school curricula, interpersonal communication by non-governmental organizations and the mass media.

Social development programme in poor areas

67. The main goal is to strengthen the social dimension of the Government's poverty alleviation programme. Rural women from selected poor countries will be empowered through training and the establishment of community-based, women-oriented mechanisms that will enable them to participate in decision-making in health and educational services for themselves and their children, family size, use of resources and their own productive as well as reproductive roles in the community. In this respect, the programme focuses on

the "user" side of social services and complements the health and education programmes that strengthen the "provider" side, and makes women and communities more demanding as well as more able to afford quality services. The result should be a reconstruction of the social "safety net" in the project counties. Implementation and results will be monitored and documented rigorously in order to provide feedback for the national poverty alleviation programme. The programme will have a demonstration effect with the ultimate goal of adaptation and replication. The process of implementation will strengthen intersectoral planning and budgeting for social services.

68. The main activities consist of establishing a "social development fund" with support from the Government and UNICEF for poor rural women and children. The fund will provide for two mutually reinforcing actions: (a) community-organizing activities to form women's groups; and (b) financial support to provide a credit facility for income-generating activities and for school and health expenses. Social and economic organizations oriented towards working women will be created, with a financial base to assist long-term poverty alleviation. Field experience will be shared with the State Council to provide information for national policy on poverty alleviation issues.

69. This programme will be coordinated with the poverty alleviation programmes of UNDP and the World Bank, as well as the women, population and development programme of UNFPA. Monitoring and evaluation will be important in order to build working models.

Monitoring the national programme of action and social statistics

70. This sector serves to bring together all the components of the proposed programme. The tracking of progress and actual achievement of programme goals will converge in this sector. There are two prominent aspects. First, there will be activities to strengthen institutional capacity for monitoring the achievement of NPA goals at national and provincial levels that will require the collection and analysis of relevant data. Second, support for the dissemination and utilization of information for advocacy and social mobilization will enable recommendations to be implemented quickly.

71. The National Working Committee on Children and Women, under the State Council, has been given the mandate to assure implementation of the NPA and to monitor progress towards its goals. The Committee secretariat will be responsible for overall coordination of the monitoring process, while the State Statistical Bureau will play a major role in the technical aspects of monitoring indicators of progress, in cooperation with relevant sectoral ministries. Key to effective monitoring will be the organization of regular review activities by high-level national and provincial leaders.

Information and communication

72. The objectives of this programme will be to promote the Convention on the Rights of the Child and support the achievement of China's NPA goals by disseminating information and communicating messages to communities and families that promote the survival, protection and development of children and women. The main implementation strategies will be the identification of appropriate

media and interpersonal channels and formats through which to disseminate information and communicate messages that could trigger behavioural changes at community and family levels concerning, for example, iodine deficiency disorders, oral rehydration therapy, acute respiratory infections, girls' education and so on. Mass media messages tend to reinforce community education activities of ministries and other organizations, so the development of core messages in these areas will be closely coordinated to ensure uniformity. Other approaches will include the use of the mass media to support advocacy activities aimed at raising the consciousness of leaders and communities regarding their social obligations to promote a "child first" ethic. The organization of advocacy meetings and special events at national and provincial levels will encourage leaders to adopt appropriate policies and laws and to mobilize resources in support of the NPA goals.

Monitoring and evaluation

73. Monitoring and evaluation of the overall implementation of the country programme will be carried out jointly with the main coordinating ministry, the Ministry of Foreign Trade and Economic Cooperation, and other counterparts. There will be two main approaches to monitoring and evaluation. One is the monitoring and evaluation of progress towards the NPA goals. This will be conducted by the National Working Committee on Children and Women, in collaboration with sectoral ministries. The second is project-specific monitoring and evaluation based on indicators defined for each project. This component will review the process, output and selected impact indicators. Plans, indicators and methods for monitoring and evaluation have been identified as part of the country programme. Annual formal reviews with the Government, United Nations agencies and other partners will be complemented by special surveys conducted by local university teams, with technical assistance from consultants as necessary. Information from these sources will form the basis for the overall monitoring and evaluation of the country programme.

Programme management

74. The country programme is structured to operate at both national and subnational levels. At the national level, the coordinating agency for UNICEF is the Ministry of Foreign Trade and Economic Cooperation. Through this link, UNICEF works directly with national sectoral ministries, such as those for education and health, and with mass organizations such as the All China Women's Federation and non-governmental organizations. All project activities are coordinated through these national links. However, project implementation also requires UNICEF staff to work directly with subnational levels in the provinces and counties.

75. Since 1 January 1994, the China Office has been designated the area office for China and Mongolia, with responsibility for the UNICEF programme in Mongolia. Staffing needs resulting from this new arrangement are being assessed and it is expected that the workload of the office for providing technical and administrative assistance will increase substantially. Similarly, with the acceleration of the country programme to support a range of national goals, management capacities in social mobilization, information and communication and fund-raising will need to be strengthened further. International Professional

staffing for 1994-1995 includes 5 core and 10 project posts and 4 posts for international General Service staff.

76. A provision of $60,000,000 in supplementary funds is being budgeted against priority programmes to expand coverage in poverty areas, to ensure sustainability and to enhance the demonstrative effects of innovative projects. Following the highly useful approach adopted in earlier programmes, $5 million has been kept as an unallocated reserve in the country programme, $1 million of which will be programmed annually to meet unexpected requirements of priority programmes that support specific NPA goals.

Notes

1/ "National Programme of Action for Child Development in China in the 1990s", State Council of the People's Republic of China, 1992.

2/ The baseline figures for 1990 for infant, under-five and maternal mortality rates have been estimated from the Ministry of Health, Department of Maternal and Child Health, infant and child mortality surveillance systems and maternal mortality surveillance systems, respectively.

Table 1. Basic statistics on children and women

China	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	43	(1993)	Middle U5MR
Infant mortality rate	35	(1993)	Middle IMR
GNP per capita	$ 470	(1992)	Low-income GNP
Total population	1205.2 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	28645	20493	24821	24903
Infant deaths (under 1)	(thousands)	2435	1014	869	872
Under-five deaths	(thousands)	3423	1322	1067	1071
Under-five mortality rate (per 1,000 live births)		120	65	43	43
Infant mortality rate (under 1) (per 1,000 live births)		85	50	35	35

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	21
	Severe	..	3
Babies with low birth weight (%, 1982/1987)		5	9
Primary school children reaching grade 5 (%, 1991)		..	86

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1987)	..	4
Prevalence of stunting (0-59 mos.) (%, 1987)	..	32
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	99	112
Total goitre rate (1986)	..	9
Household expenditure (% of total income)	All food/cereals ..	61 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1992)		5	22
Access to health services (% of population, 1985)	Total	..	90
	Urban/rural	.. / ..	100 / 88
Access to safe water (% of population, 1987/1992)	Total	75	69
	Urban/rural	85 / 62	99 / 60
Access to adequate sanitation (% of population, 1992)	Total	..	16
	Urban/rural	.. / ..	58 / 3
Births attended by trained personnel (%, 1986)		..	94
Maternal mortality rate (per 100,000 live births, 1989)		..	95

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	..	..	99	93
	DPT	..	..	97	95
	Polio	..	..	98	95
	Measles	..	..	98	94
Pregnant women (%) immunized against:	Tetanus	..	..	..	3

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1991)	Total	112 / ..	123 / 97
	Male	121 / ..	127 / 99
	Female	103 / ..	118 / 94
Secondary enrolment ratio (gross/net) (%, 1980/1991)	Total	46 / ..	51 / ..
	Male	54 / ..	56 / ..
	Female	37 / ..	45 / ..
Adult literacy rate, 15 years & older (%, 1982/1990)	Total	65	78
	Male/female	79 / 51	87 / 68
Radio/television sets (per 1,000 population, 1980/1991)		55 / 4	182 / 31

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	830675	996134	1153470	1205181	1309743
Population aged 0-15 years	(thousands)	348277	377223	338529	348384	365724
Population aged 0-4 years	(thousands)	132465	98467	115797	120174	109954
Urban population (% of total)		17.5	19.6	26.2	28.7	34.5
Life expectancy at birth (years)	Total	61	67	70	71	73
	Male	61	66	69	69	71
	Female	62	68	72	73	74
Total fertility rate		5.4	2.7	2.3	2.2	1.9
Crude birth rate (per 1,000 population)		34	21	21	20	16
Crude death rate (per 1,000 population)		10	7	7	7	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1992)		..	83
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.1	1.5
	Urban	2.6	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		4.1	7.6
Inflation rate (%, 1980-1992)		..	7
Population in absolute poverty (%, 1988)	Urban/rural	.. / ..	.. / 13
Household income share (%, 1990)	Top 20%/bottom 40%	.. / ..	42 / 17
Government expenditure (% of total expenditure, 1989)	Health/education	.. / ..	.. / ..
	Defence	..	8
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1992)	$US millions	477	3065
	As % of GNP	0	1
Debt service (% of goods and services exports, 1982/1992)		7	9

Table 2. Expenditure under the previous cooperation period, 1990-1995 a/

COUNTRY: CHINA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $98 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	19 284	9 002	5 069	1 828			4 685	1 869	29 038	32 300	12 699	12 046	41 737	44 346
Water supply and sanitation							236		236	1 530		2 000	236	3 530
Basic education	10 373	23	7 219				3 064		20 656	27 900	23	3 000	20 679	30 900
Community organization and development	2 610	726	1 613	510			1 182	124	5 405		1 360		6 765	
Women and child development	3 302		2 083				2 040		7 425	9 550		300	7 425	9 850
Childhood disability and special needs	1 375		547				656		2 578	3 250		700	2 578	3 950
Planning and social statistics	56						82		138	450		200	138	650
Programme support	1 251		1 073		2 919		1 131	11	6 374	7 670	11		6 385	7 670
Emergency	24	387		5			99	50	123		442	20 000	565	20 000
Unallocated reserve										15 350				15 350
GRAND TOTAL	38 275	10 138	17 604	2 343	2 919		13 175	2 054	71 973 b/	98 000 c/	14 535	38 246 d/	86 508	136 246

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.
b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.
c/ Including additional general resources of $36 000 000 (E/ICEF/1993/P/L.11).
d/ Of this amount, $11 400 000 remains unfunded.

/...

Table 3. Planned expenditure, 1996-2000

(In thousands of United States dollars)

Country: CHINA **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health and nutrition	GR	6 455	6 412	6 290	6 239	6 189	31 585
	NSF	4 700	4 700	4 700	4 700	4 700	23 500
Basic education	GR	4 432	4 390	4 266	4 216	4 166	21 470
	NSF	2 000	2 000	2 000	2 000	2 000	10 000
Family, women and child welfare	GR	1 562	1 562	1 562	1 562	1 562	7 810
	NSF	800	800	800	800	800	4 000
Childhood disability and children in especially difficult circumstances	GR	646	646	646	646	646	3 230
	NSF	500	500	500	500	500	2 500
Social development programme in poor areas	GR	1 705	1 705	1 705	1 705	1 705	8 525
	NSF	1 500	1 500	1 500	1 500	1 500	7 500
Water supply and environmental sanitation	GR	1 273	1 273	1 273	1 273	1 273	6 365
	NSF	2 500	2 500	2 500	2 500	2 500	12 500
NPA monitoring and social statistics	GR	525	525	525	525	525	2 625
Information and communication	GR	360	360	360	360	360	1 800
Multisectoral experience exchange	GR	108	108	108	108	108	540
Programme support	GR	1 934	2 019	2 265	2 366	2 466	11 050
Unallocated reserve	GR	1 000	1 000	1 000	1 000	1 000	5 000
TOTAL	GR	20 000	20 000	20 000	20 000	20 000	100 000
	NSF	12 000	12 000	12 000	12 000	12 000	60 000
GRAND TOTAL		32 000	32 000	32 000	32 000	32 000	160 000

GR = General resources.
NSF = New programmes for supplementary funding.

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Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION

China

Corrigendum

1. Page 8, paragraph 26

Third sentence should read

In 1992, UNICEF supported the largest single survey on the situation of children in China, which covered over 500,000 children in 580,000 households in 29 provinces.

2. Page 10, chapter III, table

Table should read

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding	Additional funding proposed 1995	Total
1994-1995	36 000	1 980	1 980

3. Paragraph 33

For the existing text, substitute

33. The China country programme for the period 1994-1995 was approved by the Executive Board in 1993 with an allocation of $36 million from general resources (E/ICEF/1993/P/L.11 and Corr.1). Based on the availability of additional general resources and opportunities for acceleration of programme implementation towards achievement of mid-decade goals in China, the annual ceiling of the country programme in 1994 was increased by $1,980,000 through advancing funds approved for 1995. As a result, funds remaining are insufficient to support activities in 1995 to the full approved extent. The Executive Board, therefore, is requested to approve additional general resources in the amount of $1,980,000 for 1995 to fund the programme up to the approved programme period.

4. Page 25, table 2

Replace table 2 by the table appearing on the reverse of this sheet.

/...

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1995 a/

COUNTRY: CHINA
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $36 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	4 349	4 817	2 002	976			1 209	300	7 560	12 300	6 093	7 865	13 653	20 165
Water supply and sanitation	576		225				19		820	1 530		2 000	820	3 530
Basic education	2 503		2 244				372		5 119	10 200		3 000	5 119	13 200
Social development programme in poor areas	424	14	527	217			65		1 016	1 350	231	2 000	1 247	3 350
Women and child development	395		569				587		1 551	3 050		300	1 551	3 350
Childhood disability and special needs	343		183				163		689	1 250		700	689	1 950
Planning and social statistics	82		60				192		334	450		200	334	650
Programme support	107		14		725		385		1 231	2 870			1 231	2 870
Emergency	75	40							75		40		115	
Unallocated reserves										3 000				3 000
GRAND TOTAL	8 854	4 871	5 824	1 193	725		2 992	300	18 395	36 000	6 364	16 065 b/	24 759	52 065

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of December 1994.

b/ Of this amount, $11 000 000 remains unfunded.